

# Vet Expenses Claim Form

Claims should be uploaded to the 'Manage Policy' portal, or submitted in writing and received with the original itemised invoice(s) for the vet treatment being provided. Claims should be submitted in writing. Note: If this is your first claim please attach a complete veterinary history (medical records) from all current and previous veterinary clinics. If you have previously provided this information to us, or if it is a Wellness Care claim, you do not need to provide it. For any queries, contact our Claims Department on 1300 855 160 between 8:30am and 5pm (AEST) Monday - Friday (except public holidays).

## Part 1: To be completed by the Pet owner/Policyholder

Policy Number:	<input type="text"/>	Pet's Name:	<input type="text"/>
Policyholder's Name:	<input type="text"/>	Pet Type:	Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Address:	<input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Suburb:	<input type="text"/>	Desexed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Pet's Age/DOB:	<input type="text"/>
Email:	<input type="text"/>	Breed:	<input type="text"/>
		Colour:	<input type="text"/>
			<input type="text"/> %
If you are registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage?	<input type="text"/>		
ABN:	<input type="text"/>	By leaving these details blank, the insured confirms that no entitlement to GST ITC exists.	

## Part 2: To be completed by the vet to ensure efficient processing of your claim

**Note:** If this is your pet's first claim please attach a complete veterinary history from both current and previous veterinary clinics. If you have previously provided this information, or if it is a Wellness Care claim, you do not need to provide it.

How long has this pet been a patient of your clinic? Less than 6 months  More than 6 months

Type and cause of injury or Condition/ Diagnosis being claimed	Date of Treatment	Dates of first clinical signs (include dates of previous related or similar conditions)	Total Charge
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vet's notes: (case summary) Please attach radiology and /or pathology reports if applicable.

Date of last vaccination/booster:  /  /  Type of Vaccination:

## Part 3: Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy. I/we confirm that the veterinary services as detailed in the account(s) submitted with this claim have been provided and paid for in full and I/we understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/we authorise any veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim. I/We consent to Petsecure, PetSure and Hollard collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to PetSecure, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to Petsecure, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of pet owner:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of veterinarian:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Veterinarian registration no:	<input type="text"/>	Registration State:	<input type="text"/>
Name of attending veterinarian and practice (please print):	<input type="text"/>		

We've simplified our claims process to ensure that you receive your benefit as quickly as possible

## Making a claim is easy. You have 2 easy ways to claim:

### 1. eClaim:

The easiest way to claim is online. You can register or log in to My Pet Account via <https://petportal-petsecure.petsure.com.au/signin?ReturnUrl=%2f>

Simply upload a copy of the itemised invoice and the consultation notes from your vet visit into your Manage Policy portal Account. Please note that if this is your first claim we require your pet's full medical history from all previous vets since you have owned your pet. If your pet was adopted at an older age please supply adoption paperwork and medical records since adoption.

### 2. Paper Claim:

If you prefer to submit your claims through the post, please follow the 3 easy steps below:

1. Fill in you and your pet's personal information and sign the claim form.
2. Take the form to your vet, and ask your vet to complete in full Part 2 and sign the form. Attach the original detailed itemised invoices and payment receipts to the completed claim form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.
3. Then mail your completed claim form to: Petsecure, Locked bag 9021, Castle Hill, NSW, 1765.

Should you have any questions please call us on 1300 855 160 between 8:30am and 5:00pm (AEST), Monday to Friday (except public holidays).

## How your claim is assessed

Once the necessary documentation is received, your claim will be processed without delay. In some cases veterinary records may be requested to assist in understanding some aspect of your claim to ensure it is processed correctly and fairly.

## How your claim will be paid

If you have elected to pay your premiums by direct debit, your benefits will be paid directly into your nominated bank account.

If you have elected to pay your premiums by credit card you will receive a cheque as payment of your benefits, unless you have already updated your nominated bank account with us. Following the payment of your claim you will also receive a statement confirming payment.

## Claim Checklist.

### Prior to sending in your claim please make sure:

- You have completed the Vet Expenses Claim Form
- You have included the original itemised invoice/s and receipts
- You and your Vet have signed the form
- If this is your first Accident or Illness claim, you have included a full veterinary history (medical records from any previous veterinary visits)

### Disclaimer:

It is a criminal act to make a false or fraudulent claim under an insurance policy or to assist in the preparation or presentation of a false or fraudulent claim under a policy. Violators of this provision may be subject to criminal prosecution.

### Privacy Notice:

In this Privacy Notice, 'we', 'us' or 'our' refers to Petsecure, PetSure and Hollard. We collect personal and, in some cases, sensitive information from you for the purpose of administering your insurance policy, including responding to your enquiries and processing, assessing and paying claims. If you do not provide this information to us we may not be able to carry out the services you require. We may have to disclose your personal and other information to third parties and related companies who assist us in providing our products and services, or other parties required by law. Some of the companies we may disclose your personal information to may be located overseas, including in the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. If you wish to access, update or correct any personal information, make a complaint about a breach of privacy or if you have any other query relating to privacy, please see the contact details in the Privacy section in the Product Disclosure Statement available at [www.petsecure.com.au](http://www.petsecure.com.au).

#### Please mail your completed claim form to:

Petsecure, Locked Bag 9021, Castle Hill NSW 1765  
PLEASE DO NOT STAPLE DOCUMENTS

#### Any questions?

Call **1300 855 160**, 8:30am to 5:00pm (AEST)  
Monday – Friday (except public holidays)